

DECLARATION AND POWER OF ATTORNEY

USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.
 (b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is embraced by and for which a patent is sought on the invention entitled: **MULLITE BODIES AND METHODS OF FORMING MULLITE BODIES**

and the specification of which: ☒ is attached hereto (40616).
 (check one) ☐ was filed on _____ as (____).
 Application No. _____
 and was amended on _____

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
 (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) which became available between the filing date of the prior US application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.
 (e) I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

PRIORITY CLAIMED

Number Country Day/Month/Year Filed

☐ YES ☐ NO

- (f) I hereby Claim the benefit under 35 U.S.C. § 119 of any United States provisional applications(s) or § 120 of any United States applications(s) listed below:

Application Serial No.

Filing Date

Status (Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to: **STEPHEN S. GRACE at P.O. BOX 1967, MIDLAND, MICHIGAN 48641-1967** and telephonic communications to the following:

(1) Kevin J. Nilsen
 (2) Glenn H. Korfhage
 (3) Stephen S. Grace

(TEL. (517- 638-6505)

Reg. No. 41,510
 Reg. No. 27,204
 Reg. No. 24,834

This appointment, including the right to delegate this appointment, shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, United States Code § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Midland, Michigan 48674, U.S.A.
 this 26th day of August 1999

Signature: Sten A. Wallin
 Full Name: Sten A. Wallin
 Residence: 1917 Plymouth Street
Midland, Michigan 48642
 Country: United States of America
 Citizenship: United States of America
 P. O. Address: Same as Residence

At: Midland, Michigan 48674, U.S. A.
 this 26 day of August 1999

Signature: Arthur R. Prunier, Jr.
 Full Name: Arthur R. Prunier, Jr.
 Residence: 711 Linwood Drive
Midland, Michigan 48640
 Country: United States of America
 Citizenship: United States of America
 P. O. Address: Same as Residence

At: Midland, Michigan 48674, U.S.A.
 this 17th day of August 1999

Signature: John R. Moyer
 Full Name: John R. Moyer
 Residence: 2704 Swede Avenue
Midland, Michigan 48642
 Country: United States of America
 Citizenship: United States of America
 P. O. Address: Same as Residence

At: _____
 this ____ day of _____ 19____

Signature: _____
 Full Name: _____
 Residence: _____
 Country: _____
 Citizenship: _____
 P. O. Address: _____